

patient. This was done on January 20, 1955, and I would like to record here the present condition of the patient.

He has of course physically matured greatly, as would be expected, and is now nearly 19 years old. He has also remained in work as an electrician's mate, and lately a bicycle mechanic, without a break since his discharge three years ago. Not only has there been no relapse, but his skin has continued to improve. What is also surprising is that this improvement should continue without further treatment of any sort, hypnotic or otherwise. The patient is in no doubt as to his improvement, and comparison of photographs confirms this. There is still considerable involvement of feet and some involvement of legs and thighs, but all much less severe. The arms and hands are quite clear, and abdomen, buttocks, and back are only slightly involved. Nowhere is there evidence of cracking and infection, which had been such a disabling and painful complication previously. The smell has also quite gone.

I attempted to hypnotize the patient again, and it is curious to relate that, while on discharge he had been a good hypnotic subject, he was now quite un hypnotizable. I tried again two weeks later and this time succeeded, but further suggestions made in the hypnotic state that his legs would improve did not prove efficacious.

One other fact I feel should be brought to notice is the case of pachyonychia congenita treated by Mullins *et al.*³ by hypnosis. This is a congenital condition closely allied to Brocq's ichthyosis and with a very similar pathology. That this also responds favourably to hypnotic suggestion shows that the treatment is repeatable in other hands and that the improvement in the case I reported is not a freak occurrence.—I am, etc.,

London, W.1.

A. A. MASON.

REFERENCES

- ¹ Mason, A. A., *British Medical Journal*, 1952, 2, 422.
- ² Bettley, F. R., *ibid.*, 1952, 2, 996.
- ³ Mullins, J. F., *et al.*, *Arch. Derm. Syph. (Chicago)*, 1955, 71, 265.

Book Reviews

SIR,—As part editor of two medical journals, I have always held the opinion that book reviews should be unsigned. I can think of no more convincing support of this opinion than the letter from Dr. Iago Galdston (*Journal*, June 11, p. 1430).

Professor McKeown (*Journal*, March 19, p. 710) was asked his opinion of a book dealing with a subject on which he is an authority. He read it. He did not think much of it. He said so—humorously, a little unkindly, but certainly not maliciously. Any author should expect some reviews of this sort and be prepared to take them. Any reviewer is entitled to write them, and should not, as the result, be subjected to outraged abuse.

It would have been more in accordance with the dignity of the *B.M.J.* had this exhibition of childish tantrums been forwarded without comment to the reviewer, and kept out of the correspondence columns.—I am, etc.,

London, N.W.8.

HENEAGE OGILVIE.

Bell's Palsy Treated With Vitamin B₁

SIR,—Over the last two years we have had three cases of Bell's palsy; they have all been treated with vitamin B₁ injections plus B₁ tablets, and the following results were obtained.

Case 1.—A woman, aged 28, attended the surgery complaining of watering of the right eye and inability to lower the lid, and also dribbling from the mouth. These symptoms had come on suddenly about 36 hours previously. On examination she had a complete, typical, right-sided Bell's palsy. She was injected with 50 mg. vitamin B₁ intramuscularly and given 50 mg. vitamin B₁ tablets three times a day for six days. When she attended daily for her injections the following improvements were noted: first day—able to close her eyelid slightly; second day—no epiphora; third day—could half-close eye, no dribbling from mouth; fourth day—mouth almost level and could puff out cheeks; fifth day—could easily close eye, mouth level on smiling, partial wrinkling of forehead; sixth day—no abnormal signs or symptoms. The patient was under treatment by a psychiatrist for anxiety neurosis. He had noticed the palsy and had referred her to a neurologist for treatment. That evening the patient attended surgery and the above-mentioned treatment was commenced. The appointment made by the psychiatrist for the patient to see the neuro-

logist was booked for seven days later; she kept this appointment and the neurologist was unable to find any trace of palsy.

Case 2.—A woman, aged 40, came complaining of pain below and behind the right ear, slight drooping of the mouth, and inability to close her eye fully. Bell's palsy was diagnosed and three intramuscular injections of vitamin B₁ 50 mg. were given on three successive days, plus B₁ tablets 50 mg. Not only did the symptoms become no worse, but on the fourth day the patient was perfectly well.

Case 3.—A male, aged 50, whose symptoms had existed for a few days was given intramuscular injections of vitamin B₁ 50 mg., plus B₁ tablets 50 mg. for six days, but it was about 14 days before recovery was complete.

It is stated¹ that with or without treatment it takes about three or four weeks before voluntary movement is possible in Bell's palsy, and some months before complete recovery. It appears to us that from these quick results following B₁ injections and oral treatment in, admittedly, a few cases the treatment is worthy of a more extensive trial.—We are, etc.,

R. G. WIGODER.

H. G. JEFFS.

London, S.E.6.

REFERENCE

- ¹ Conybeare, J., in *Textbook of Medicine*, 1952, edited by J. Conybeare and W. W. Mann, 10th ed., p. 700. Livingstone, Edinburgh.

Opportunities for Medical Practice

SIR,—May I add a note to the article by Sir Stanley Davidson on opportunities for medical practice (*Journal*, May 14, p. 1171) with regard to the position in West African colonies? Private practice amongst Europeans is very limited in Nigeria owing to the relatively small white population, but all forms of hospital and private practice amongst the African population are at the present time in great need of increased staff.

While it is certainly the ideal that the medical needs of Nigeria should be in the hands of Nigerian doctors, it will still be many years before sufficient graduates from Ibadan University medical school are forthcoming, and the situation is in many areas quite desperate. Nigeria is heavily populated, yet there are large areas, measured in hundreds of miles, where there is no medical care, no hospital—government or mission—and only the poorest of supplies in village dispensaries staffed by overworked and often untrained nurses. There is at least one fully equipped newly built government hospital only 250 miles from Ibadan in an area greatly in need which has never even been opened because there is no doctor available.

While, therefore, the time will come when West Africa will, like the Dominions and some other colonies, become medically self-supporting, that time, as Sir Stanley points out, is still a long way off. Practitioners anxious to do a worth-while job in a growing country will find open arms in the towns and cities of Nigeria if not of the West African colonies as a whole.—I am, etc.,

Ibadan, Nigeria.

R. SCHRAM.

Tonsillectomy

SIR,—While having luncheon to-day at Great Ormond Street after my operating list I read the description of guillotine tonsillectomy and curettage of adenoids by Mr. J. C. Campbell and Dr. D. Hunter Smith (*Journal*, June 18, p. 1451). I had, during the morning, removed large lateral adenoid remnants causing deafness and repeated otitis media in four children. My experience is that if lateral adenoid tissue, around and below the Eustachian cushions, is not completely removed at the adenoid operation it subsequently hypertrophies and often causes more ear troubles than the patient had suffered before the operation. Campbell and Smith state that with a good ethyl chloride anaesthesia the surgeon can have up to two minutes to guillotine the tonsils and curette the adenoids. It takes me more than two minutes of deep anaesthesia to palpate the adenoids and assess their size and disposition, to remove the central mass by one stroke of the curette and the lateral extensions around the Eustachian cushions by a stroke on each side, and then to remove any small pieces that may have escaped these three strokes and are still palpable. This is the most